

COUNTY OF LOS ANGELES  
**SHERIFF'S DEPARTMENT**  
*"A Tradition of Service"*

OFFICE CORRESPONDENCE

DATE: August 31, 2016

FROM:  KELLEY S. FRASER, COMMANDER  
SOUTH PATROL DIVISION

TO: MYRON R. JOHNSON, CAPTAIN  
MAJOR CRIMES BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: SH2358213  
Incident: Hit Shooting  
Incident Date: June 25, 2014  
Unit: Major Crimes Bureau  
Suspect(s): Jaimez, James MH/111984  
Involved Employees: Deputy Jose Arellano # [REDACTED]  
Deputy Arturo Barrera # [REDACTED]  
Deputy Michael Carpenter # [REDACTED]  
Deputy [REDACTED] # [REDACTED]  
Deputy [REDACTED] # [REDACTED]  
Deputy [REDACTED] # [REDACTED]  
Deputy [REDACTED] # [REDACTED]  
Deputy Ruth Shen # [REDACTED]  
Sergeant [REDACTED] # [REDACTED]  
Lieutenant Donnie Johnson # [REDACTED]

EFRC Date: August 25, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and Ralph J. Webb met and reviewed the above case.

**FINDINGS:**

The EFRC determined the use of force and tactics were within Department policy.

**RECOMMENDATIONS:**

The EFRC made no recommendations.

KSF:TLB:tlb

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: 06/25/2014		Bureau/Station/Facility: Major Crimes Bureau		Admin. Invest.? <input checked="" type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: 014-00044-3199-011		Date: 06/25/2014		Time: 1705 hrs	
City or Station: Apple Valley, Ca		Nature of Incident: Major Crimes Bureau attempted to arrest a known murder suspect. Suspect fired at deputies. Deputies returned fire, striking the suspect.			
Location: Bear Valley Road at Central Avenue					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance: Btwn 0 inches to 167 ft		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 98		Total # of Shots Fired by Suspect: 6		Initiated by (check only one): <input checked="" type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input checked="" type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input type="checkbox"/> Routine Patrol  Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>	
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name: Khounthavong	First Name: John	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input checked="" type="checkbox"/> Involved in shooting	
Employee #	Last Name: Johnson	First Name: Donnie	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input checked="" type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
<b>Watch Commander</b>					
Employee #	Last Name: Johnson	First Name: Donnie	M.I.		

PSTD Use Only	
SH #	

Rollout Information			
Arrival Date	06/25/2014	Arrival Time	1938
Date Submitted		Date of Recommendation	
Employee #		Last Name	Morris
First Name	Patrick	M.I.	E
Employee #		Last Name	Carrizosa
First Name	Slade	M.I.	M
Employee #		Last Name	Carter
First Name	Quitman	M.I.	V

## Shooting / Force Information

## Method

(AW) Arwen	(OV) Other Weapon: Vehicle
(BC) Baton:(Control)	(OB) Other Weapon: Blunt Object
(BI) Baton:(Impact)	(OO) Other Weapon: Other
(BF) Bodily Fluids	(PK) Personal Weapon: Feet/Leg: (Kick)
(CN) Canine	(PS) Personal Weapon: Feet/Leg: (Sweep)
(CR) Carotid Restraint	(PH) Personal Weapon (Hand/Arm)
(CH) Choke Hold	(PP) Personal Weapon (Push)
(CT) Control Holds:(Control Techniques)	(PO) Personal Weapon (Other)
(TT) Control Holds:(Team Takedown)	(RS) Resistance
(TD) Control Holds:(Takedown)	(CN) Restraint Device (Capture Net)
(CE) Chemical	(RH) Restraint Device (Handcuffs)
(OC) Chemical Agents (OC Spray)	(HB) Restraint Device:Hobble (Legs Only)
(TG) Chemical Agents (Tear Gas)	(TP) Restraint Device:Hobble (TARP)
(EX) Explosives	(RE) Restraint Device: REACT Belt
(FH) Firearm (Handgun)	(SP) Sap
(FR) Firearm (Rifle)	(SH) Shield
(FS) Firearm (Shotgun)	(SG) 37mm Stinger
(FO) Firearm (Other)	(SB) Sting Ball
(FB) Flashbang	(ST) Stun Bag
(FL) Flashlight	(TR) Taser
(OE) Other Weapon: Edged	(UC) Uncooperative

## Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious

## Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

## Brand

(AK) AK-47	(IV) Iver Johnson	(RO) Rossi
(BN) Benelli	(JE) Jennings	(SW) Smith & Wesson
(BR) Beretta	(LO) Lorcin	(SR) Sturm Ruger
(BW) Browning	(LU) Luger	(SS) SIG Sauer
(CH) Charter Arms	(MA) Marlin	(ST) Sterling
(CO) Colt	(MO) Mossberg	(TA) Taurus
(DA) Davis Industries	(NC) NCI aka SKS	(WE) Weatherby
(GL) Glock	(NA) North American	(WN) Winchester
(HA) Harrington & Richardson	(NO) Norinco	(US) US Government
(HI) Hi Standard	(RA) Raven	(YY) Handmade (Inmate)
(HK) H & K	(RM) Remington	(XX) Homemade (Non-Inmate)
(IT) Ithica	(RG) RG	(ZZ) Other Brand
	(RI) RGI	

(RM) Refused Med Treatment
(NN) NONE

## Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 guage
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 guage	(30) .308 caliber	(45) .45 caliber
(20) 20 guage	(35) .357 caliber	(50) 50 mm
(21) .22-250	(36) 30-60 caliber	(SL) Slug
(22) .22 caliber	(38) .38 caliber	(WW) Other caliber
(23) .223 caliber	(40) .40 caliber	

## FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S-1	E-1	FH	BR	9				
E-1	S-1	FH	BR	9	Y	Y	GS	AD
E-4	S-1	FH	BR	9	Y	Y		
E-6	S-1	FH	SW	9	Y	Y		
E-8	S-1	FR	CO	23	Y	Y	GS	
S-1	E-9	FH	BR	9				
E-9	S-1	FH	BR	9	Y	Y	GS	LE
S-1	W-1	FH	BR	9			AB	NK
E-5	S-1	FH	BR	9	Y	Y		
E-6	S-1	FR	HK	9	Y	Y		
S-1	E-2	FR	BR	9				
E-7	S-1	FR	SW	9	Y	Y		
E-10	S-1	FR	BR	9	Y	Y		
E-2	S-1	FR	BR	9	Y	Y		

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
<b>E 1</b>	Employee #		Last Name			First Name		M.I.		
			Johnson			Donnie		R		
	Sex: <b>M</b>	Race: <b>B</b>	Rank: <b>Lieutenant</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.): <b>D4FL</b>			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>4</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: <b>5-9</b>		Height: <b>180</b>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings? <input checked="" type="checkbox"/>		Number of Prior Shootings: <b>2</b>	Directed Force:
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>	# Shots: <b>10</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
<b>E 2</b>	Employee #		Last Name			First Name		M.I.		
	Sex: <b></b>	Race: <b></b>	Rank: <b>Sergeant</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>6-7</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: <b></b>		Height: <b></b>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>	# Shots: <b>18</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
<b>E 3</b>	Employee #		Last Name			First Name		M.I.		
	Sex: <b></b>	Race: <b></b>	Rank: <b>Deputy</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>8</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: <b></b>		Height: <b></b>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand: <b>H&amp;K MP 5</b>		Caliber: <b>9mm</b>	# Shots: <b>5</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
<b>E 4</b>	Employee # [REDACTED]		Last Name <b>Barrera</b>			First Name <b>Arturo</b>		M.I.		
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>Deputy</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.): <b>D4H2</b>			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>6</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: [REDACTED]		Height: <b>5-7</b>		Weight: <b>210</b>					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings? <input checked="" type="checkbox"/>		Number of Prior Shootings: <b>1</b>	
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9</b>		# Shots: <b>3</b>		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.		
Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.			
<b>E 5</b>	Employee # [REDACTED]		Last Name <b>Shen</b>			First Name <b>Ruth</b>		M.I.		
	Sex: <b>F</b>	Race: <b>O</b>	Rank: <b>Deputy</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.): <b>D4G5</b>			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>Unk</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors: <b>Retired</b>			
	Age: [REDACTED]		Height: <b>5-3</b>		Weight: <b>135</b>					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>		# Shots: <b>4</b>		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.		
Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.			
<b>E 6</b>	Employee # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.		
	Sex: [REDACTED]	Race: [REDACTED]	Rank: <b>Deputy</b>		Unit Assignment: <b>Major Crimes Bureau</b>		Work Assignment (Unit #, Module, etc.): [REDACTED]			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>6-8</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: [REDACTED]		Height: [REDACTED]		Weight: [REDACTED]					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: <b>S/W M&amp;P</b>		Caliber: <b>9mm</b>		# Shots: <b>18</b>		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.		
Field Training Officer Emp # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I.			

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
<b>E 7</b>	Employee #		Last Name			First Name		M.I.		
	Sex	Race	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): AM PM Day		ShiftType (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 2		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?	Number of Prior Shootings:	Directed Force:	
	Weapons Fired Brand: S/W M&P		Caliber: 9mm	# Shots: 5	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
<b>E 8</b>	Employee #		Last Name			First Name: Michael		M.I.		
	Sex: M	Race: W	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): D4F23			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 5		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 6-2	Weight: 250		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?	Number of Prior Shootings: 1	Directed Force:	
	Weapons Fired Brand: Colt M4		Caliber: .223	# Shots: 18	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
<b>E 9</b>	Employee #		Last Name			First Name		M.I.		
	Sex	Race	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): AM PM Day		ShiftType (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 4		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?	Number of Prior Shootings:	Directed Force:	
	Weapons Fired Brand: Beretta		Caliber: 9mm	# Shots: 12	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
	Field Training Officer Emp #		Last Name			First Name		M.I.		

# Officer Involved Shooting Involved Employee Information

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Involved Employee											
<b>E 10</b>	Employee #		Last Name			First Name		M.I.			
			Arellano			Jose		M.I.			
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>Deputy</b>		Unit Assignment: <b>Major crimes Bureau</b>		Work Assignment (Unit #, Module, etc.): <b>D4G1</b>				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>		
	Hrs of sleep prior to shooting: <b>Unk</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors: <b>Retired</b>				
	Age: <b>5-10</b>	Height: <b>175</b>	Weight: <b>175</b>		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>	# Shots: <b>5</b>	Weapons Fired Brand:		Caliber:	# Shots:			
	Field Training Officer Emp #		Last Name			First Name		M.I.			
	Field Training Officer Emp #		Last Name			First Name		M.I.			
	<b>E</b>	Employee #		Last Name			First Name		M.I.		
		Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:					
Age:		Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>			
Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:				
Field Training Officer Emp #		Last Name			First Name		M.I.				
Field Training Officer Emp #		Last Name			First Name		M.I.				
<b>E</b>		Employee #		Last Name			First Name		M.I.		
		Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:			
	Field Training Officer Emp #		Last Name			First Name		M.I.			
	Field Training Officer Emp #		Last Name			First Name		M.I.			



# Officer Involved Shooting Suspect Information

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Suspect Information								
S 1	Last Name		Jaimez		First Name		James	
	M.I.				W			
	AKA Last Name				First Name		M.I.	
	Jay							
	Sex: M	Race: H	Street Address		City	State & Zip Code		
	Work Phone:		Home Phone:		Social Security #	Driver's License #		
	Age: 29	D.O.B. 11/19/1984	Height: 5-11	Weight: 200	FBI #	CII #		
	Booking #		Primary Charge: 187 P.C.		Secondary Charge:			
	Coroner Case? <input checked="" type="checkbox"/>		Coroner Case # 701404843		Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used: Methamphetamine	
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:		
Nissan Titan		2006						
S	Last Name				First Name		M.I.	
	AKA Last Name				First Name		M.I.	
	Sex:		Race:	Street Address:		City	State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:	Driver's License #:		
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #		
	Booking #		Primary Charge:		Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:	
S	Last Name				First Name		M.I.	
	AKA Last Name				First Name		M.I.	
	Sex:		Race:	Street Address:		City	State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:	Driver's License #:		
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #		
	Booking #		Primary Charge:		Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:	
S	Last Name				First Name		M.I.	
	AKA Last Name				First Name		M.I.	
	Sex:		Race:	Street Address:		City	State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:	Driver's License #:		
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #		
	Booking #		Primary Charge:		Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:	



## Los Angeles County Sheriff's Department

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Non-Employee Witnesses					
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph
Last Name			First Name		M.I.
Street Address			Zip Code	Work Ph	Home Ph

# SUPPLEMENTAL EMPLOYEE WITNESSES

## Los Angeles County Sheriff's Department

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Employee Witnesses			
Last Name	Luther	First Name	Michael
			M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code	90808
		Work Ph	526-421-2701
		Home Ph	
Last Name	Haughey	First Name	John
			M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code	90808
		Work Ph	562-421-2701
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
		Home Ph	